

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13173

FILED
Apr 18, 2009
Secretary of State

Entity Name: FIVE CHATEAU VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O GOLDSTAR MANAGEMENT CO.
2435 US 19 SUITE 270
HOLIDAY, FL 34691

New Principal Place of Business:

18215 BRANCH RD
HUDSON, FL 34667 US

Current Mailing Address:

C/O GOLDSTAR MANAGEMENT CO.
2435 US 19 SUITE 270
HOLIDAY, FL 34691

New Mailing Address:

18215 BRANCH RD
HUDSON, FL 34667 US

FEI Number: 59-2776123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PREMIER COMMUNITY CONSULTANTS, INC.
18215 BRANCH RD
HUDSON, FL 34667 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PAMELA S WASHBURN

04/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: ARWADY, EDW.
Address: 11416 VERSAILLES LN.
City-St-Zip: PORT RICHEY, FL 34668

Title: PD () Delete
Name: CONTE, GIRO
Address: 11440 VERSAILLES LN
City-St-Zip: PORT RICHEY, FL 34668

Title: SD () Delete
Name: LUCHSINGER, EVELO
Address: 11513 VERSAILLES LN.
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Delete
Name: KUGLER, PEARL
Address: 115171 VERSAILLES LANE
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VBD (X) Change (X) Addition
Name: BERGEL, ROBERT
Address: 18215 BRANCH RD
City-St-Zip: HUDSON, FL 34667

Title: PD (X) Change () Addition
Name: MUTCHLER, ALFRED (JIM)
Address: 18215 BRANCH RD
City-St-Zip: HUDSON, FL 34667

Title: SD (X) Change () Addition
Name: MARTIN, MARY
Address: 18215 BRANCH RD
City-St-Zip: HUDSON, FL 34667

Title: D (X) Change () Addition
Name: KUGLER, PEARL
Address: 18215 BRANCH RD
City-St-Zip: HUDSON, FL 34667

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA S. WASHBURN

AGT

04/18/2009

Electronic Signature of Signing Officer or Director

Date